

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

In re: Alset Owners, LLC
Altes, LLC
Checkers Michigan, LLC
Setla, LLCCase Number: 09-11960
09-11961
09-11963
09-11962

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address: the person or other entity to who the debtor owes money or property

20934399001004

SEWER RAT SEWER & DRAIN
SPECIALISTS
1453 BROWN RD
COLUMBUS, OH 43223☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check this box if you are the debtor or trustee in this case.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (614) 274-1000

Name and address where payment should be sent (if different from above):

RECEIVED

OCT 19 2009

BMC GROUP

☐ Check this box to indicate that this claim amends a previously filed claim.

Claim Number (see reverse):

Payment Telephone Number ()

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 11,418.74

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.**2. BASIS FOR CLAIM:**

Services provided - kept them open.

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

4. SECURED CLAIM

(See instruction #4 on reverse side.)

Secured Claim Amount: \$

DO NOT include the priority portion of your claim here.

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Unsecured Claim Amount: \$

Nature of property or right of setoff:☐ Real Estate ☐ Motor Vehicle ☐ Other

Amount of arrearage and other charges at time case filed included in secured claim,

Value of Property: \$ Annual Interest Rate: % if any: \$ Basis for Perfection:

5. PRIORITY CLAIM☐ Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: \$

Include **ONLY** the priority portion of your unsecured claim here.**You MUST specify the priority of the claim:**

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- ☒ Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().

* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.**7. SUPPORTING DOCUMENTS:** Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on December 15, 2009 for Non-Governmental Claimants OR on or before December 15, 2009 for Governmental Units.

BY MAIL TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
18750 Lake Drive East
Chanhausen, MN 55317

THIS SPACE FOR COURT USE ONLYAlset Owners LLC

00088

DATE

10-15-09

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Amanda Grieg

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Debtor Name	Case No
Alset Owners, LLC	09-11960
Altes, LLC	09-11961
Checkers Michigan, LLC	09-11963
Setla, LLC	09-11962

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Supporting Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date-Stamped Copy and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

document showing that the lien has been filed or recorded.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



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www.sewer-rat.org
1453 Brown Road
Columbus, OH 43223

Columbus East
(614) 294-1400
Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8591

Date 1-21-09

Customer

Phillips

Address

Cleveland & Fifth ave

City

Col

State

Zip

Terms

Contact Name

Job Address

#4045

Phone #

JOB DESCRIPTION	AMOUNT
<u>Water line busted</u>	
<u>1 1/2" black pipe</u>	
<u>1 1/2" copper coupling</u>	
<u>1 1/2" copper 90°</u>	
<u>1- 1 foot 1/2" copper</u>	
<u>} material</u>	<u>14.00</u>
<u>techs coin</u>	
<u>Joe</u>	
<u>1 1/2 h</u>	<u>\$165.00</u>
TOTAL	\$179.00

Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

The undersigned understands and agrees that in the event that the equipment used for performing this work should get stuck inside the piping or damage this piping; it is not the responsibility of Sewer Rat to endure the cost of retrieving, dislodging or repairing the damaged piping. In such situation the property owner does accept all financial responsibilities. If the piping is found to be unopenable or uncleanable due to collapse or broken line an estimated cost will be given at that time for the repairs or replacement and all charges up to that point are due.

The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of 110.00 for the first hour and 55.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature

X Will Thomas

Start time

11:15

Time Completed

12:45

Date

1-21-09

1-21-09



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1453 Brown Road
Columbus, OH 43223

Columbus East
(614) 294-1400
Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8658

Date 1-21-09

Customer

RALLY'S

Address

CLEVELAND AVE

City

State

Zip

Terms

Contact Name

Job Address

#4045

Phone #

JOB DESCRIPTION	AMOUNT
<u>NOB SINK FAUCET, HAND SINK</u>	
<u>FAUCET. ARMOFLEX W/LINES</u>	
<u>1 Chicago faucet model 897-RCE</u>	
<u>1 Chicago faucet model 895-31RP</u>	<u>398⁰⁰</u>
<u>1 Drain Degreaser</u>	<u>24⁹⁵</u>
<u>techs Cain 1 1/2 labor</u>	<u>165⁰⁰</u>
<u>Joe</u>	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	<u>587⁹⁵</u>

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature

[Signature]

Date 1-21-09



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Columbus, OH 43223

Columbus East
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(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8853

Date 2-24-09

Customer Raul's
Address GEORGETOWN RD
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address #4049
Phone # _____

JOB DESCRIPTION	AMOUNT
<u>Lean @ SINK</u>	
<u>Replaced comm wall mount faucet with sprayer</u>	
<u>Need to pick up parts</u>	
<u>1 - Known model AG010P</u>	<u>\$343</u>
<u>1-25-09 2 hours</u>	<u>\$20</u>
<u>1-24-09 1 hour</u>	<u>\$110</u>
<u>Mr. Rube</u>	<u>\$673</u>
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of \$100.00 for the first hour and \$55.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature [Signature]
Start time 3:30 Time Completed [Signature]

Date 2/24/09
Note 2/24/09



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Columbus East
(614) 294-1400
Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8805

Date 3-4-09

Customer Bally's
Address Cleveland Ave. 35th
City Col State OH Zip _____
Terms _____

Contact Name _____
Job Address #4045
Phone # _____

JOB DESCRIPTION	AMOUNT
'Floor Drain'	
Ran through mop sink opened	
clog. Clean & Clear	
2 cans of maintainer	49.98
Need to pick up mop sink faucet	
3-4-09 1 1/2 hrs	165.00
Installed faucet 3-5-09 1 1/2 hrs	165.00
Faucet	120.00
techs, Cain	
JOL	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	TOTAL 499.98

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of 110.00 for the first hour and 52.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature Will Thomas Date 3-4-09
Start time _____ Time Completed _____
Homeowner Signature Will Thomas Date 3-4-09



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Springfield
(937) 322-1333

INVOICE

8859

Date 3-6-09

Customer Pallu
Address 4779 Sawmill Rd
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address #4052
Phone # _____

JOB DESCRIPTION	AMOUNT
Monday "heat under sink"	
Replaced strainer on hand sink. Had to pick up parts for 3 compartment sink. Product broke on hand sink	
1. sink strainer	1495
Replaced commercial sink strainer!	
Part # B-3952	51.82
3-9-09	
labor 1 1/2 @	165.00
3-10-09	
labor 1 1/2 @	165.00
<u>for</u>	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	396.72

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of 100.00 for the first hour and 50.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature _____
Start time _____

Time Completed _____

Date 3-6-09

Date 2-6-09



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Columbus, OH 43223

Columbus East
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Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8865

Date 3-9-09

Customer Kamy's
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address STRINGTOWN Rd
#4050
Phone # _____

JOB DESCRIPTION	AMOUNT
<u>3 Comp Sink No Drainage</u>	
<u>Check grease line to sewer! ran hand machine to clean 3 compartment sink</u>	
<u>2 cans maintainer</u>	<u>\$24.95</u>
<u>techs, Cain</u>	<u>labor @ 2 hrs</u>
<u>Joe</u>	<u>\$220.00</u>
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	<u>\$269.90</u>

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature D. Shu

Date 3-9-09



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Columbus, OH 43223

Columbus East
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Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8873

Date 3-16-09

Customer RALLY'S
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address PARSON'S AVE
#4039
Phone # _____

JOB DESCRIPTION	AMOUNT
3 NEW INDUSTRIAL BASKET STRAINERS	
1 Re-Vamp Drain Line - to ACCOMMODATE.	
Re-worked 3 basket sink and plumbing! Cleaned mop sink drain!	
Supplies	198.00
2 cans of maintainer	48.90
techs, Cain	
Joe	
labor @ 3 1/2 hrs	385.00
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	631.90

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of _____ for the first hour and _____ each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature Crystal Kennedy Date _____
Start time 10:00 Time Completed 1:30
Homeowner Signature Crystal Kennedy Date _____



SEWER RAT

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Columbus, OH 43223

Columbus East
(614) 294-1400
Columbus West
(614) 274-1000
Springfield
(937) 322-1333

INVOICE

8888

Date 3-16-09

Customer RALLY'S

Contact Name _____

Address _____

Job Address MORSE Rd

City _____ State _____ Zip _____

#4046

Terms _____

Phone # D.MGR JJ 322-9322

JOB DESCRIPTION	AMOUNT
WATER AROUND FOUNDATION ON S.E. CORNER OF BUILDING.	
3-16-09 INVESTIGATED SITUATION & FOUND WATER TO HAVE GREASE AND OL SOAP PARTICLES. CALLED J.V. AND EXPLAINED PROBLEM. HE GAVE VIAL TO ATKIN. LEFT 1 hr →	\$110 ⁰⁰
3-18-09 RUND MOP SINK. FOUND DRAIN OPENING AROUND MOP SINK BAD. REPLACED MOP SINK. DETERMINED THAT THE GND WATER LINE FROM MULTIBATHROOM ROOM TO KITCHEN & BATHROOMS BROKEN UNDERGROUND. CORNERSTONE MOP SINK 225" + LABOR 4 hr @ \$110 ⁰⁰ /hr →	\$665 ⁰⁰
3-19-09 CALLED IN LEAK DETECTORS TO ELECTRONICALLY LOCATE LEAK. REMOVED PARTIAL FLOOR TILES & CONCRETE, REPAIRED LEAK, PATCHED CONCRETE FLOOR REINSTALLED MOP SINK 8.5 hr @ \$110 ⁰⁰ /hr →	\$350 ⁰⁰
MATERIAL: PIPE, FITS, CONCRETE, GRAVEL	\$118 ⁰⁰
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	TOTAL \$1188 ⁰⁰

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of _____ for the first hour and _____ each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature _____ Date _____

Start time _____ Time Completed _____

Homeowner Signature _____ Date _____



SEWER RAT

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Springfield
(937) 322-1333

INVOICE

8941

Date 4-10-09

Customer Rally's
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address MORSE RD # 4046
Phone # _____

JOB DESCRIPTION	AMOUNT
<u>GAS CO. SHUT OFF w/water DUE TO CARBON MONOXIDE LEAK.</u>	
<u>4-10-09 CHECKED OUT HEATER & VENT. ALL PER CODE, VENT NOT BLOCKED BELIEVE POWER MOTOR TO BE BAD. REQUESTING OPINION 1 hr</u>	<u>\$110⁰⁰</u>
<u>4-11-09 (DIFFERENT TECH) SAME AS ABOVE POWER MOTOR ON 1 hr</u>	<u>110⁰⁰</u>
<u>VENT BECOMING BACK DRAFT.</u>	
<u>4-13-09 WENT TO SUPPLY HOUSE TO CROSS REFERENCE MODEL & SERIAL #'S AND ORDERED NEW MOTOR AFTER CLEANING VENT LINE AND GATHERING INFO FOR ORDER 1 hr</u>	<u>110⁰⁰</u>
<u>4-17-09 PICKED UP NEW BLOWER MOTOR @ SUPPLY HOUSE, ARRIVED AT RESTAURANT TO INSTALL AND FOUND RESTAURANT TO BE CLOSED 1/2 hr</u>	<u>55⁰⁰</u>
<u>Blower Motor \$265⁰⁰</u>	<u>265⁰⁰</u>
TOTAL <u>\$650⁰⁰</u>	

Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.

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Homeowner Signature _____ Date _____
Start time _____ Time Completed _____

Homeowner Signature _____ Date _____



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INVOICE

9030

Date 4-17-09

Customer Rally's #
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address Parsons
#4039
Phone # _____

JOB DESCRIPTION	AMOUNT
① "floordrain"	
Cleaned floordrain ran machine for a long time to clear clog. Had to work at clog. Once I pulled cable back observed 8 ft on cable, covered in grease! Used 3 cans of maintainer.	
3 maintainer's @	74.85
labor @ 2 hrs	220.00
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL <u>294.85</u>	

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature [Signature]
Start time 2:45 Time Completed 4:45
Homeowner Signature [Signature]

Date _____
Date _____



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INVOICE

8934

Date 4/27/09

Customer

Rally's #4042

Contact Name

Address

Job Address

6101 E. Main

City

State

Zip

Terms

Phone #

JOB DESCRIPTION	AMOUNT
Install new A.O. Smith 40 g. gas Hot water tank	
Model# GCV 40 200	
Serial# 0914A019514.	
Material	\$ 516.22
Andy / Coin Labor 3 hrs @	\$ 330.00
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	846.22

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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INVOICE

9006

Date 4-28-09

Customer Bally's
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address Broad & James
#4053
Phone # _____

JOB DESCRIPTION	AMOUNT
"Floor drain"	
Cleaned Floor drain beneath Ice machine! Tested with hose	
"Thank You"	
techs Coin	
Andy	
labor	
@ 1hr/165.00	
maintainer	
	24.95
TOTAL	189.95

Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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Homeowner Signature _____ Date _____
Start time _____ Time Completed _____



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Springfield
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INVOICE

8916

Date 4-7-09

Customer Rally's
Address Broad & James
City _____ State OH Zip _____
Terms _____

Contact Name _____
Job Address STOR # 4053
Phone # _____

JOB DESCRIPTION	AMOUNT
"Floor drains backed up"	
Cleaned mop sink drain! Observed mop strans in drain causing backage! Informed manager of findings. Also had minimal amount of grease. Have to pick up 8" spread mop sink faucet. "leaking"	
2 cans maintainer @	49.90
Replaced faucet to mop sink reconnected hose's ect...	
materials @	125.70
techs, Cain 3 hrs @	330.00
Andy	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	505.60

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of 110.00 for the first hour and 65.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature X
Start time 9:30 Time Completed 12:30
Homeowner Signature X

Date 4-7-09
Date 4-7-09



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Springfield
(937) 322-1333

INVOICE

8910

Date 11-3-09

Customer Rally's
Address Broad E, James
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address #4053
Phone # _____

JOB DESCRIPTION	AMOUNT
"3 comp Sink"	
reworked 3 compartment sink & replaced mounting brackets + 5 twist & turns	
materials	210. ⁰⁰
labor @ 3 hrs	330. ⁰⁰
techs Cain Andy	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	540. ⁰⁰

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature _____ Date _____
Start Time 9:30 Time Completed 11:30



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INVOICE

8917

Date 4-6-09

Customer Rally's #4041

Contact Name _____

Address _____

Job Address Hudson & High St

City _____ State _____ Zip _____

STORE #4041

Terms _____

Phone # _____

JOB DESCRIPTION	AMOUNT
3 COMPARTMENT SINK DOES NOT HOLD	
WATER, PIPING, UNDERNEATH LEAKING, DRAIN IN STEAM	
WELL LEAKING, LOOK FOR ANY OTHER LEAKS OR OBVIOUS	
REPAIRS NECESSARY! Call Dave @ 327-9415	
Checked for repairs! Need to rework	
steam well piping! Have to come in	
the morning so steam well is not in operation!	
Need to pick up parts for 3 compartment	
sink. Waiting for supplies to come in!	
Basket strainers on order! 4-7-09 1 hr @ 1/2 @	\$165.00
Steamer tray leaking not piping. 4/10/09 2 hr @ 1/2 @	\$275.00
techs, Cain	
Andy	
Parts →	\$215.67
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	TOTAL \$655.67

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature _____
Start time 8:00

Time Completed 9:30

Date 4/7/09



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Springfield
(937) 322-1333

INVOICE

90.9

Date 5/21/22

Customer Rallys #4049

Contact Name _____

Address _____

Job Address Georgesville #4049

City _____ State _____ Zip _____

Terms _____

Phone # _____

JOB DESCRIPTION	AMOUNT
Grease trap backing up. Could not get line to clear. Cabled clean-out repeatedly, finally cleared line & used 4 Bottles of trap maintainer (grease formula) to help do so. Used 2 more bottles on separate floor drains. Had to bucket out grease from trap also. Draining good at this time. Total hrs from both days is five ^{five} & one-half.	
Andy / Luke	
Trap maintainer	\$120.00
1st. hour	\$110.00
4 add'l hours	\$440.00
5 hrs total	TOTAL 670.00

Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of \$110.00 for the first hour and each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work being performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature _____
Start time _____ Time Completed _____

Date 5/21/22

Homeowner Signature _____

Date 5/22/22



**Columbus East
(614) 294-1400
Columbus West
(614) 274-1000
Springfield
(937) 322-1333**

90.7

Date 5/22/09

Customer Rally's #4049
Address _____
City _____ State _____ Zip _____
Terms _____

Contact Name _____
Job Address Georgesville #4049

Phone # _____

[illegible]

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature
Start time

Date _____



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INVOICE

9072

Date 5/28/09

Customer Rally's # 4039
Address Parsons Ave
City Col State OH Zip _____
Terms _____

Contact Name Carolyn Thomson
Job Address _____
Phone # 327-9436

JOB DESCRIPTION	AMOUNT
Low. faucet	
Ran floor drain to tie in approx. 20 feet lots of grease tested drains good at this time. Used 1 can of grease maintainer, repaired copper line feeds to out side. Forsete. No leaks at repair but out-side shut off is broken. Sewer Rat to repair shut off. 5/29/09. Replaced outside faucet & repaired existing hand sink faucet.	
Math Ed - hrs total =	440.00
Parts -	210.00
Andy/Luke	
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	
TOTAL	674.95

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature [Signature] Date 5/28/09
Start time 3:00 Time Completed 4:00
Homeowner Signature [Signature] Date 5/28/09



**Columbus East
(614) 294-1400
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(614) 274-1000
Springfield
(937) 322-1333**

9118

Date 6/1/09

Customer Rallys # 4039
Address Parsons Ave
City Col State OH Zip _____
Terms _____

Contact Name Merlan

Job Address _____

Phone # _____

JOB DESCRIPTION	AMOUNT
Repair hand sink & hand sink clogged.	
Replaced valve stem & seat & Handle assembly on hot side @ hand sink. Also replaced spout. Ran cable through hand sink drain repeatedly. Would not open, lots of hair & grease. Used blow bag to clear line.	
add'l 1½ hrs @	165.00
Andy / Luke 1st hr @	110.00
2½ hrs total Parts..	75.00
Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.	TOTAL 350.00

Please pay from this invoice. No statements will be sent. 20% interest per month on all past due invoices.

RELEASE OF RESPONSIBILITY AND EXPLANATION OF CHARGES

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that time for the repairs or replacement and all charges up to that point are due. \$110.00
 The undersigned understands and agrees that the charges for the work being performed today will be charged at the rate of \$110.00 for the first hour and \$55.00 each additional 1/2 hour plus materials if necessary. Although we at Sewer-Rat do not charge a service call or show up charge, our hourly rate does include 15 minute travel time inside the I-270 loop and 30 minute travel time outside the I-270 loop for Columbus area residents and a 15 minute travel time for Springfield area residents. Unless a contract price has previously been established prior to the beginning of the work, if so the previously agreed price for the work be performed at this time is _____

The undersigned understands and agrees that the charges are due and payable in full upon receipt of service.

Homeowner Signature [Signature]
Start time 8:00

Time Completed _____

Date _____

Homeowner Signature [Signature]

Date _____